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Notice of Independent Review Decision

DATE OF REVIEW: 03/19/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Physical therapy 3xWk x 4Wks left shoulder 97110

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO referral form.
2. Operative report (partial) 07/02/09 left shoulder rotator cuff repair/ chondroplasty/ removal of loose bodies.
3. MRI left shoulder 05/02/08.
4. MRI left shoulder 05/28/09.
5. Office visit notes 04/16/08-02/18/10.
6. Physical therapy progress/treatment note 12/29/09.
7. Reconsideration letter (undated) .
8. Preauthorization request 12/30/09 physical therapy 3xWk x 4Wks.
9. Prescription form 12/20/09 continued physical therapy.
10. Preauthorization review 01/05/10 M.D.
11. Preauthorization reconsideration review 01/26/10 M.D.
12. Reconsideration request letter 01/20/10 case manager.
13. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female truck driver whose date of injury is xx/xx/xx. Records indicate the employee was lifting overhead when she felt development of pain within left shoulder.

The employee continued to work, and on 04/03/08 was lifting again overhead when she felt sudden sharp pain. At that time, the employee had great difficulty in trying to elevate her arm above her shoulder level as well as symptoms of weakness. Imaging studies revealed the employee to have a rotator cuff tear.

The employee underwent surgical arthroscopy with debridement and subacromial decompression on 07/28/08.

Repeat surgery was performed on 07/02/09 with rotator cuff repair, chondroplasty, and removal of loose bodies. Records indicate the employee progressed well in response to physical therapy. She has received forty-six physical therapy sessions since 08/26/09.

A preauthorization request for twelve additional physical therapy sessions was reviewed on 01/05/10 by Dr.. Dr. determined medical necessity was not established for additional therapy. He noted there was minimal information submitted for review. The employee was noted to have received a total of forty-six physical therapy sessions to date since second shoulder surgery; however, there were no therapy progress reports submitted for review to objectively document the clinical and functional responses of employee to treatment. Dr. noted in the latest physical therapy progress note dated 12/29/09 that the employee had improved in majority of functional observations, but there were no therapy goals presented to delineate the end point of care for this employee. There was no indication from records that the employee was to fully progress in an independent home exercise program. Dr. further noted the number of requested visits in addition to previous sessions was deemed in excess of recommendation of guidelines with no exceptional factors noted to warrant exceeding guideline recommendations.

A reconsideration/appeal review was performed by Dr. on 01/26/10. Dr. determined that medical necessity was not established for additional therapy. He noted the history of injury on xx/xx/xx with rotator cuff repair on 07/28/08 and another surgery on 07/02/09. Dr. noted the records dated 12/21/09 indicated the employee reported improvement of symptoms with physical therapy. On examination, forward flexion was 160 degrees, abduction 150 degrees, external rotation 90 degrees and internal rotation to posterior buttocks. There was mild weakness with resistive elevation. The employee was noted to have completed forty-six physical therapy sessions since 08/26/09. Dr. noted that at this junction the employee should have been fully progressed into independent exercise program, and requested therapy was in excess of recommendation of referenced guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Based on the clinical information provided, the medical necessity is not established for the requested physical therapy 3xWk x 4Wks for left shoulder. The employee was noted to have sustained an injury secondary to overhead lifting resulting in two left shoulder surgeries. The employee completed forty-six sessions of physical therapy following the second surgery with progress noted. The most recent clinical document submitted for review from physical therapy was dated 12/29/09 and revealed the employee to be making progress in active and passive range of motion, with improvement in functional ability including grooming, driving, reaching. As noted on previous reviews, the requested therapy is excessive for the surgical procedure performed. No additional physical therapy is necessary and the previous denials should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

2010 *Official Disability Guidelines*, 15th Edition, Work Loss Data Institute, Shoulder Chapter, online edition.

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroscopic: 24 visits over 14 weeks

Post-surgical treatment, open: 30 visits over 18 weeks